

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																																																	
1 Date of Request: <u>5-18-05</u>		2 Serial/Patent # <u>10-517,587</u>																																																																															
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 10%;"><input checked="" type="checkbox"/></td><td style="width: 80%;">Filing</td><td style="width: 10%;">1</td><td style="width: 10%;">12/904</td><td style="width: 10%;">\$ 100</td></tr> <tr><td><input type="checkbox"/></td><td>Amendment</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Extension of Time</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Petition</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Issue</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Maintenance</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Assignment</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Other</td><td></td><td></td><td>\$</td></tr> </table>	<input checked="" type="checkbox"/>	Filing	1	12/904	\$ 100	<input type="checkbox"/>	Amendment			\$	<input type="checkbox"/>	Extension of Time			\$	<input type="checkbox"/>	Notice of Appeal/Appeal			\$	<input type="checkbox"/>	Petition			\$	<input type="checkbox"/>	Issue			\$	<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$	<input type="checkbox"/>	Maintenance			\$	<input type="checkbox"/>	Assignment			\$	<input type="checkbox"/>	Other			\$	<table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%; padding: 5px;">4 PAPER NUMBER</td> <td style="width: 20%; padding: 5px;">5 DATE FILED</td> <td style="width: 20%; padding: 5px;">6 AMOUNT</td> </tr> <tr> <td colspan="3" style="padding: 5px;">7 TOTAL AMOUNT OF REFUND</td> </tr> <tr> <td colspan="3" style="padding: 5px; text-align: right;">\$ 100</td> </tr> <tr> <td colspan="3" style="padding: 5px;">8 TO BE REFUNDED BY:</td> </tr> <tr> <td colspan="3" style="padding: 5px;">Treasury Check</td> </tr> <tr> <td colspan="3" style="padding: 5px;">Credit Deposit A/C #:</td> </tr> <tr> <td colspan="3" style="padding: 5px;">9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">8</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">6</td> </tr> </table></td> </tr> </table>			4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	7 TOTAL AMOUNT OF REFUND			\$ 100			8 TO BE REFUNDED BY:			Treasury Check			Credit Deposit A/C #:			9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">8</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">6</td> </tr> </table>			0	8	--	2	3	3	6
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TYPED/PRINTED NAME: <u>A. Johnson</u>		TITLE: <u>Paralegal</u>																																																																															
SIGNATURE: <u>A. Johnson</u>		PHONE: <u>308-7140</u>																																																																															
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